## LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Approved Program that contracts with Awarding Bodies to provide labor compliance enforcement

Report for the reporting pe	eriod 8/1/2009 to 8/9/2010 (mm/dd/yyyy)
FINAI	L ANNUAL REPORT
1. Name of Labor Compliance Program (LCP): (A-1 Public Works Northwest report will be the final annual reporting as a result of self-withdrawa	Monitoring respectfully requests self-withdrawal of program effective 8/9/2010) This al. Thank you)
A-1 Public Works Monitoring	
2. LCP I.D. Number (assigned by DIR): 2008.00605	3. Date of Initial Approval: 8/1/2008
4. Contact person (include name, title, address, telephone, fax, and e-mai	il, if available):
Chris Costa, Labor Compliance Officer (owner)	
9642 Foremast Court, Elk Grove, Ca 95758 (916) 684-5	5511 Fax (916) 684-5513 costa@frontiernet.net
	Awarding Bodies with whom the LCP currently has a contract to provide compliance all requested information. Then complete the information below, and sign and submit this Golden Gate Avenue, 10 <sup>th</sup> Floor, San Francisco, CA 94102.
Department of Transportation Labor Compliance Program	consultant to primary consultant DCM Group for the City of Sacramento, who is responsible for the annual reporting for their projects. I have by of Sacramento, Department of Transportation effective April 30, 2010
. 2. Reclamation District 2110 Snodgrass Slough	
What suggestions do you have for the Department of Industrial Relations necessary):  None	s to better assist you with your program in the coming year? (attach additional sheets if

Lesty Christine Costa, LCO
Name and Title

SUBMITTED BY:

LCP-AR3

8/4/2010 Date

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6. LC § 1771.5 e.  Awarding Body	covered in this re	port		ii intorma	tion requ	iested, attac	ening as man	y sneets as	neces	sary, and <i>piea</i> s	se complete sep	arate jorms joi	r each	
Awarding Body:	RD 2110													
A. List projects h	andled by LCP w	vithir	n the past	12 months				_		<u> </u>				
B. Summary of a	Il wages and pena	alties	s assessed	and/or rec		ergency B	ank Protec	ction Proje	ect, /	Amount of p	roject contra	ct \$16,200.		
None	0 1													
				-										
C. For any amoun	t identified in ite	n D 4	for which	onneoval c	f forfoit	una not nogu	socted from t	tha Lahar C		acionor plana	a avnlain halau			
C. For any amoun	i identified in itei	11 15 1				ure not requ mount	lested from	Line Labor C	OIIIIII	ssioner, pieas	e expiant below	•		
Project Name		Amount .	Assessed	Recovered		Explanation								
None														
		$\Box$												
		$\longrightarrow$											·····	
Total			C 1''		66 64		1.6					11		
D. For any amoun	t identified in itei					ure was rec	uested from	the Labor (	Jomm			ollowing:		
Project Name	LC §1776(g)		Amount C § 1775	Assessed LC § 18		Wages	Total	LC § 177	(6(a)	Amount LC § 1775	Recovered LC § 1813	Wages	Total	
N/A	20 31110(8)		3 - 1 - 1			,, 4,500	7000	20 3177	<u> </u>	20 3 1772	20 3 1012	11 4505	10	
						-								
Total			"											
E. Identify cases t	hat are or were th	e sul	bject of LO	C § 1742 p	roceedir	igs. N/A		<u> </u>		<u> </u>	<u> </u>			
Project Name			Contractor Na			ature of Violation ODL Case #			е#	Current Status				
F. Did you refer a	ny contractor to t	he La	abor Comi	nissioner	for deba	rment per L	C § 1777.1?	No						

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Please check one:  If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:  None
G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)?  No  If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:

/. On a separate sheet, provide a certificate of compliance with conflict of interest disclosure requirements by employees and consultants who participate in making governmental decisions (as defined under 2 CCR § 18701) along with the names of LCP personnel who are filing disclosure statements and the agencies with which the second statements are being filed.  See attached
8. Please update the following information per 8 CCR § 16426(a)(2), (3) and (5) disclosure requirement.
A. Identify the geographical areas in which the program intends to operate and the identity of any public agencies not previously identified in this report with which the program intends to contract to provide labor compliance enforcement.
Northern California
B. State whether the entity shares personnel, management, ownership or other close affiliation with any of the following: (1) any contractor or subcontractor that within the preceding five years has been awarded a public works contract within the geographical area in which the program operates or intends to operate or with any public agency with which the program has contracted or intends to contract to provide labor compliance enforcement; (2) any person or entity who has been the surety on such a contract; (3) any joint labor-management committee established pursuant to the Federal Labor Management Cooperation Act of 1978 (section 175a of Title 29 of the United States Code); or (4) any person or entity who has represented workers employed in the same or similar classifications as those employed for such a contract and who has been engaged in (i) an organizational campaign under the National Labor Relations Act with contractors competing for such contracts or (ii) a jurisdictional dispute with another collective bargaining representative of workers utilized for such contracts.
For each affiliation, please provide the name, address, telephone number, and principal contact person for the person or entity; please identify shared personnel, management, and ownership; and if applicable, please provide a short description of the nature and extent of any other close affiliation:
None
C. Identify the attorney or law firm available to provide legal support for the LCP, and whether the persons or firms providing that support also represent any contractor, subcontractor, surety, or worker representative referred to in the preceding item.  Lawrence Kay, Attorney at Law 7801 Folsom Blvd. Ste 350 Sacramento, Ca (916) 381-7868